

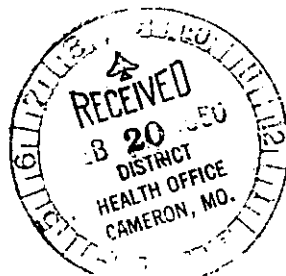
FILED FEB 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 5323

BIRTH NO. _____		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>3038</u>		Registrar's No. <u>371</u>	
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>				c. LENGTH OF STAY (In this place) <u>12 yrs.</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>130 E. Lockling Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>130 E. Lockling Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>PEARL</u> b. (Middle) <u>L.</u> c. (Last) <u>GIBSON</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 13, 1950</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 16, 1894</u>	
9. AGE (In years less birthday) <u>55</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 YEAR Hours Min.		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>			
11. BIRTHPLACE (State or foreign country) <u>Meadville, Missouri.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			
13a. FATHER'S NAME <u>P. M. Litton</u>				13b. MOTHER'S MAIDEN NAME <u>Stella Leavell</u>			
14. NAME OF HUSBAND OR WIFE <u>Clarence M. Gibson</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no; or unknown) <u>No</u>			
16. SOCIAL SECURITY NO. <u>None</u>				17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clarence M. Gibson, Brookfield, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Insufficiency</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis</u> DUE TO (c) <u>Edema - Congestive Dyspnea etc.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 12, 1948</u> , to <u>Feb 13, 1950</u> , that I last saw the deceased alive on <u>Feb 13, 1950</u> , and that death occurred at <u>5:21 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. W. Deen</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Brookfield Mo</u>			
23c. DATE SIGNED <u>2/16/50</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 16, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Meadville</u>		24d. LOCATION (City, town, or county) (State) <u>Meadville, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>2-17-50</u>		REGISTRAR'S SIGNATURE <u>W. B. Erwin</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wright Funeral Home, Brookfield, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Harold B. Wright*

Licensed Embalmer No.

*3718*

P. O. Address

*Brookfield, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body, is not embalmed, fact should be so stated above.